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Q&A: NIH AIDS Chief Defends Research, Testing Strategy

In the federal biomedical research establishment, Anthony S. Fauci, MD, is the central figure in the administration of AIDS research. Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health since 1984, Fauci also serves as NIH's chief of AIDS research. In scientific circles, he is widely respected as a researcher and administrator. Among gay groups, he is widely and abusively accused of being more concerned with the science than the treatment of AIDS. Fauci spoke with SGR Editor Greenberg on August 23. Following is the text, transcribed and edited by SGR.

***SGR.** In the AIDS program, have you had to introduce a good deal more central direction in basic research than is normally the case at NIH?*

Fauci. The answer is no.

***SGR.** You just wait for the mail to come in?*

Fauci. No, you don't wait for the mail to come in. I'm hesitant to say this, because it can be misconstrued as business as usual. I'm very sensitive to that term, because that's not what's going on. What happened is that if you let the science lead the way, you're going to get there faster, in a more creative way, and in a way that's going to have spinoffs and implications that you never would have predicted. That's the reason why I have always been against a concept of a scientific AIDS czar. When it was said that I'm the AIDS czar, I said that there's no way that I'm the AIDS czar. I coordinate the research, but I'm not the AIDS czar.

Guilty Plea Scheduled in NIMH Fraud Case—Page 6

You may need someone to coordinate the different federal agencies. Okay. But the one thing you don't want is someone to tell a scientist, "You should be working on this." They understand what's exciting. They understand what needs to be done. And they'll do it. The reason is, one, it's very exciting, and, two, there is an incentive to do it. And the incentive, quite frankly, is the support and the scientific excitement.

If you look at the researchers who were involved in AIDS research back in 1981, there were a handful of us. Me, [Robert] Gallo [NIH]; [William] Haseltine [Harvard Medical School]; [Samuel] Broder [NIH], a couple of other people who were more clinical. It became apparent to other scientists that it was very exciting. So, some, out of their own interest and excitement, came into the field. And then, when it was clear that there was a tremendous amount of support for this basic biomedical research, then we started to get people into the area who probably wouldn't have come in if there wasn't the support. That's the incentive that I and my group here at the NIH has provided.

***SGR.** There's an interaction between the resources and the scientific opportunities.*

Fauci. Absolutely.

***SGR.** So, if you hang out the money, people will be more sensitive to the opportunities?*

Fauci. Yes. They will see the scientific excitement. I've had long conversations with people like David Baltimore [Director of the Whitehead Institute, MIT] and Howard Temin [McArdle Laboratory for Cancer Research, University of Wisconsin] and others whose track record in science is clear. They're Nobel laureates. We've discussed what would it take to get you guys involved. And the answer is, they're already doing work

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In Brief

Skepticism about low US standings in international rankings of science and math test results has led to the establishment at the National Academy of Sciences of the Board on International Comparative Studies in Education. An NAS announcement notes that questions have been raised about the accuracy of US data, which generally place the US in the educational dark ages. The Board, with 13 members, is chaired by Norman M. Bradburn, Provost of the University of Chicago. Support is provided by the National Science Foundation and the National Center for Educational Statistics.

Senate Foreign Relations Chairman Claiborne Pell, Capitol Hill's leading exponent of paranormal research, has introduced a bill to establish a 23-member National Commission on Human Research (SJ Res. 368). The criteria for membership are routine, with one exception: A seat reserved for "an individual with training and experiences in extraordinary human performance research."

Set back by Congress's decision to give the Superconducting Super Collider a non-committal $100 million keep-it-alive appropriation, the Department of Energy (DOE) has again revised the SSC schedule. A plan announced in April 1987 specified that transfer of title of the first section of the winning site would take place in July 1989. DOE says the date has now been pushed to March 1990 because of the funding situation, with transfer of the entire site to be completed by January 1991. The schedule still provides for a presidential decision in the final days of the Reagan Administration. But his successsor is not bound by the choice.

Glasnost Comes to the IOM Meeting on Scientific Fraud

The spirit of *glasnost* required some assistance last week when the Institute of Medicine (IOM) held a three-day conference to develop advice for the lumbering National Institutes of Health on the prevention, detection, and treatment of scientific fraud.

SGR was pleased to provide the assistance, which was embodied in a lawyer's letter stating that the IOM would be in violation of the Federal Advisory Committee Act if, as the meeting program indicated, the press was to be excluded from working sessions. The letter, sent August 31 by the litigation group of Ralph Nader's Public Citizen, added that if the sessions were not opened to the press, a temporary restraining order would be applied for in Federal District Court to close down the meeting, scheduled to start September 6.

Twenty minutes after delivery of this congenial missive, IOM President Samuel Thier telephoned SGR Editor Greenberg and stated that the entire meeting would be open to the press, and that the opening could have been achieved in friendly conversation, without recourse to lawyers. Thier expressed his belief that as part of the National Academy of Sciences, the IOM is exempt by a court ruling from any application of the Advisory Committee Act, which directs that, with limited exceptions, committees providing advice to federal agencies must meet in public. Nader's lawyers, well-versed in the "sunshine" laws, say the claim of a blanket exemption is nonsense.

Many Sectors Represented

In any case, the fraud meeting, non-provocatively titled a "Workshop on the Responsible Conduct of Research," illustrated again an old rule of reportage under the sunshine laws: Opening up the meetings is more interesting than attending them.

The 100 or so attendees represented the major sectors of the fraud issue: government funders, journal editors, bench researchers, and university administrators. They all agreed that there's something of a problem out there, but, in general, each sector thought another one should attend to the dirty work of doing something about it. Edward Huth, editor of the *Annals of Internal Medicine,* said that editors cannot be expected to verify and analyze raw data. Benjamin Lewin, editor of *Cell,* said his journal informs contributors that they must provide data on demand if they wish to publish there, but he's never exercised the right, and he does not wish to be cast as a policeman of scientific integrity.

Wayne Hendrickson, of the Department of Biochemistry and Molecular Physics, Columbia University, cautioned that accusations of fraud must be approached cautiously because they can wreck careers. Arnold Relman, Editor-in-Chief of *The New England Journal of Medicine,* said reliability would be improved if universities would adopt measures to check the authorship and accuracy of research papers before they are sent off for publication. But Robert Rosenzweig, President of the Association of American Universities (AAU), disputed that suggestion as "mischievous," and warned that it would sow distrust in academe.

"If it Ain't Broke . . ."

Aldo A. Rossini, Director of the Division of Diabetes, University of Massachusetts Medical Center, took a different approach. "If it ain't broke, why fix it?" he said, adding that the prevalence of fraud was unknown. Samuel Broder, Deputy Director of the NIH Clinical Center, opposed assigning specific anti-fraud responsibilities to laboratory research groups. "Resources are stretched to the limit," he warned, and new duties without additional resources will impinge on research.

By a decisive show of hands, the conferees agreed on the desirability of organized ethics instruction in universities. Strong support was also evident for limiting the number of published papers that an aspirant for appointment or promotion would submit for review.

It was noted that Harvard's new rules place the limit at five papers for an assistant professor, seven for an associate, and ten for a full professor. Rosenzweig, of the AAU, which represents big research universities, commented that, in practice, promotion is not based on weight of papers, but "younger people act as if it is."

Bringing an international perspective was Stephen Lock, Editor of the *British Medical Journal,* who said that despite European perceptions that scientific fraud is a uniquely American problem, a survey he's taken indicates otherwise. Lock said that he had written to professors of surgery and medicine, plus some others, in British universities, asking whether they knew of occurrences of scientific misconduct. So far, he said, he had about 50 affirmative replies.

At the conclusion of a plenary session, the Chairman of the workshop, Arthur H. Rubenstein, head of the Department of Medicine at the University of Chicago, sounded a cautious note on the central issue of how and why scientific fraud takes place. He said, "We don't understand this subject very well."—DSG

. . . Is AIDS Research Getting Too Much Financial Support?

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that's very exciting. So, you can't tell someone like that that you've got to do something that's really exciting. What you've got to do is give them the opportunity, not to leave what they're doing, but to expand their effort, either with a postdoctoral fellow or a junior colleague, so that they can carve out a piece of the action of AIDS basic research without abandoning what they're already doing and doing quite well. The only way you can get them to take the chance is to say that we're going to support you. They're not going to drop what they're doing and say, "Gee, AIDS is a wonderful thing to study. I'll drop the 20 years worth of work that I've been doing on this particular aspect of basic immunobiology, and move over to AIDS."

The incentive, together with the obvious scientific opportunity, has created now what we're seeing—an influx, not waves and waves, but an influx of scientists who otherwise would not be working on AIDS.

SGR. *If suddenly there were a huge influx of money for, let's say, reproductive biology, do you think people would change gears and go in that direction?*

Fauci. I don't think as much. If you had an influx of a large amount of money, you almost certainly would see some investigators shift into that. But maybe not with the degree of excitement and intensity of AIDS, because AIDS has about it a high-charged atmosphere. Not only is it an important scientific area, but it's an area of immediate concern to the public health. That's a motivating aspect.

SGR. *There are people who say that if you look at the inventory of afflictions in this world, the resources and talent devoted to AIDS are considerably out of proportion. Do you agree with that?*

Fauci. Yes and no. The reason it's difficult to give a straight answer is that most of the other diseases that you're talking about have reached a steady state plateau. In cancer research, though it increases and gets more and more sophisticated, a lot of the opportunities have already been approached. There has been such a long track record of an accelerated approach towards cancer that it's no longer on that sharp incline. With AIDS, it's catch-up ball. We have to catch up with this virus. It is unfair to say that because there are so many people who are afflicted with other diseases that the proportional increase in research for heart disease, cancer, or what have you, isn't nearly as great as it is for AIDS. I would argue on the side of keeping, at least for the time being, the accelerated curve for AIDS.

What I have problems with is people saying that we're not doing enough. You never can have enough in science. I'm a realist, knowing that you've got to live in an economy that has responsibilities for other things.

If you measure numbers of people who are dying from AIDS versus the number of people who are dying from cancer, then you start to realize that the amount of effort that's put into AIDS is really substantial, notwithstanding the people who demonstrate and say that you're killing us, because you're not doing enough. I almost have to pause before I say that, because whenever you say that, people always say, "Oh, that's a bunch of nonsense. When somebody is dying, 'enough' is when you have a cure."

SGR. *The FDA has decided to allow the importation of unapproved drugs, which can complicate the process of clinical testing for AIDS. The decision responds to today's generation of patients, but what about the coming patient load, which is almost certain to be many times larger?*

Fauci. I can't sit here and give you a defense of what the potential negative spinoffs of that decision are. What I see is an attempt to go an extra step to make available for people who are desperate a drug that they could not ordinarily have. I think there is a potential danger from the decision. I think I can say that without having to worry about explaining it to 20 people in the Department [of Health and Human Services, parent agency of NIH].

There is a potential danger. If that gets pushed a little bit too far, it may interfere with the ability to conduct any clinical trials. And if in fact that happens, then that will be a negative effect on the whole effort. If it provides drug availability for people who otherwise wouldn't be in a clinical trial, but does not compromise the scientific integrity of the trials that are ongoing or the trials that are planned, then I could say it probably won't have a negative effect. But certainly the potential exists to have a longrange negative effect on the effort.

SGR. *It has already been pushed pretty far. Just about anything is available.*

Fauci. We've got to see how that gets translated into what really is allowed in by mail.

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. . . Misunderstanding About Clinical Trials for Drugs

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SGR. *Would it be feasible to say to AIDS patients: you can have any drug you want, but it will have to be in a clinical trial?*

Fauci. The difficulty is that that really bespeaks a misunderstanding of just what a clinical trial is. A lot of our critics say, "You have all these promising drugs. Why don't you go out and give one drug to 10,000 people in one trial and have another 10,000 on trial with another drug?" But there's something that's unique about AIDS drugs and about AIDS itself. If, in fact, the end point for a given drug would be a penicillin equivalent of life or death, then it wouldn't make any difference if you had a homogeneous population for clinical testing. And it wouldn't matter so much if you used sophisticated laboratory tests, like lymphocyte function and lymphocyte numbers. You could just give it to a thousand people. You wouldn't have to have a careful, restricted design to the group. You could say: Okay, give it to them. Six months later, if the people who received the drug are not dead, and the people who didn't are dead, then that's it—it works.

But there is no way, no way, that that's what a drug for AIDS is going to be. That then gets into the next area that people have difficulty understanding: Why a lot of these protocols are restrictive. I get asked every time I get up in front of an audience, "I had a patient who had 400 T-4 cells and the cutoff was 500." Or, "I had a patient who had 200 T-4 cells. Why couldn't my patient get into the trial?" The fact is, if you're looking at very subtle endpoints, if you don't have a relatively homogeneous group of people in the trial, you're going to miss statistically whether or not that drug helped. You're just going to miss it. Because most of the drugs that you hear about are not drugs that you're even imagining are going to destroy the virus and make somebody better. You're looking for very subtle changes. If you don't do a well-controlled, carefully designed trial on people that fall into a very strict category, you're going to wind up getting no answer. Or, by the time you get the answer, it's going to be two years longer than if you had done it in a very strict trial.

What gets confused is what a trial is. A trial is not distribution of drugs to the general public. A clinical trial is intended to as quickly and as expeditiously as possible get the answer: Does it work, does it not work? Is it safe, is it not safe? Once you get that answer, in a totally unambiguous way, then that drug is out on the market and anybody can get it. That's what happened with AZT [the only drug approved by FDA for treatment of AIDS]. It was done in a carefully controlled way, in a well-designed trial and, literally, within a few months, you had the answer.

Now, the concern about all these drugs coming in is that you're not going to be able to find a "virgin" population in which you can actually look for unambiguous effects in clinical trials. That's the problem. That's what worries me.

SGR. *What proportion of AIDS patients is enrolled in clinical trials of one sort or another?*

Fauci. I can't speak to the industry-sponsored, NIH-independent clinical trials. But I can tell you right now, there are 4400 patients on clinical trials that are sponsored by the NIH. There are probably a thousand or two—I don't know—that are on a clinical trial for a company that is not getting NIH support.

SGR. *It's a relatively small percentage of all AIDS patients who are in organized clinical trials.*

Fauci. But you have to remember there's a drug out there. That's the thing that people don't understand. AZT is on the market as a result of a clinical trial. There are thousands and thousands of people receiving AZT. Strictly speaking, that's an offshoot of a clinical trial.

SGR. *Many patients can't take AZT or aren't helped by it.*

Fauci. That's the reason why a lot of the clinical trials are trying to determine a dose of AZT, alone or in combination with a number of other drugs, that's actually going to allow more people to take it, more people to have a less toxic effect. We always, again, get criticized: "Gee, we look at all your clinical trials and the vast majority of them include AZT." Well, it just makes scientific sense, if you have the only drug that has been shown to have any demonstrable effect on the virus. You're going to want to play around with that drug, alone or in combination with another drug, to get maximum efficacy with minimal toxic side effects. AZT is the only one that actually has shown promise up to this point.

SGR. *Wouldn't it have been desirable for FDA to have*

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Electronic Data Base for AIDS

Creation of AIDSLINE, an electronic data base containing some 13,000 references to scientific articles about AIDS, has been announced by the National Library of Medicine. For information: 800/638-8480 or 301/496-6193.

The Library, which is part of the National Institutes of Health, also publishes a quarterly ***AIDS Bibliography*** ($12 in US, $15 foreign), available from: Superintendent of Documents, USGPO, Washington, DC 20402; tel. 202/783-3238.

. . . FDA Decision and Problems for Testing New Drugs

(Continued from page 4)
consulted you before it announced its decision to allow importation of AIDS drugs for personal use by patients?

Fauci. I would have thought so.

SGR. *Doesn't it muck up the waters for your responsibilities?*

Fauci. No. There is the potential that concerns me and my scientific colleagues involved in drug development and clinical testing. It has the potential for creating difficulties for conducting clinical trials.

SGR. *Our concerns are for the 60,000 or so who have already come down with AIDS, but the coming years will bring a patient load many times that number.*

Fauci. As a physician and as a citizen, my concerns and empathy are certainly with the individual patient. But as a scientist whose professional responsibility is to as quickly as possible use our scientific capabilities to develop a drug that's safe and effective to be used by all, that has to override my individual concern for the individual patient. Not that I'm not concerned about them. But I have an enormous professional responsibility for the 300,000 people who by 1992 will have developed AIDS. There are tens of thousands who have it now. There will be 300,000 who have it by 1992. That doesn't mean that you disregard those who have AIDS now, but you've got to understand, you've got to put into perspective, the responsibility in the future.

This has created a public-relations problem of enormous magnitude. Because, in fact, you can understand how the people who are infected and who are ill feel about the fact that there is no cure now. But the unfortunate fact is that there isn't. And the only way we're going to get it is by careful drug development and carefully designed clinical trials. It's just not going to fall in our lap in a haphazard way.

SGR. *This institute has many responsibilities besides AIDS. Has AIDS overwhelmed the institute?*

Fauci. If you look percentagewise, it looks that way. Because 41 percent of our appropriation is now AIDS. We're an institute that's responsible for all of infectious disease, including all viruses, anti-viral bacteria, tuberculosis, all of asthma, all of allergy, all of transplantation, all of tropical medicine, malaria, filariasis, etc. All of that, and yet AIDS still is 41 percent of everything we do. It hasn't overwhelmed us for the simple reason that the scientific opportunity that AIDS provides will unquestionably have extraordinary spinoffs in our ability to dissect out the mysteries of those other diseases.

SGR. *In terms of what's foreseeable about AIDS financing, where do you see it going over the next three to five years?*

Fauci. The sense that we have gotten from the Congress is that they will continue to support AIDS research and AIDS endeavors, but the slope of the acceleration at the research level—we're not talking about health-care financing, because that's another, unbelievable problem—is bound to start plateauing right now. The reason is that it would otherwise go beyond the bounds of the budget resolutions [which set ceilings on total appropriations]. And as much as the Congress has been very generous, and wants to help, they have responsibility for other areas besides AIDS. And the fact of life is going to be that we're not going to an every-couple-of-years doubling of the appropriations, the way we've been seeing. The NIH AIDS budget has gone up 40 percent one year, 50 percent another year, 40 percent the next year, which means you're essentially doubling the effort every two years. I think the support will maintain itself at a very high level. But I see for sure that we're going to be plateauing.

The Boundaries of AIDS

SGR. *That assumes that we can more or less see the boundaries of the disease.*

Fauci. Right. I think in the United States, the boundaries of the disease are going to vary, depending upon the population you're talking about. Clearly, the boundaries within the male homosexual population are already starting to be defined. The new-infection rate in the early '80s was 19.5 percent per year. In 1988, it's less than 1 percent per year. That likely reflects two things: One is a saturational effect and the other is a behavior-modification effect. The male homosexual population is amenable to their own educational programs—they have a tremendous network. And now there's even an intensified effort, with the government and locally funded educational campaigns.

The blood supply, though it is not 100 percent clean, is certainly going to be even safer. The same holds true for the hemophiliacs. That leaves IV [intravenous] drug abusers and heterosexual spread, generally as secondary and tertiary out of the area of IV drug abusers. So, what we're probably going to be seeing is that, at the time that the infection rate goes down, down, down in male homosexuals, blood recipients, and hemophiliacs, you're going to see a relative increase of AIDS in the IV drug-abuser population, in the heterosexual partners of IV drug abusers, or the male non-IV drug-abuser partners of women IV drug abusers. And when the women have children, the pediatric cases are going to go up. So, the boundaries among male homosexuals, blood recipients, and hemophiliacs will be defined and will shrink.

The boundaries of the others will depend on how we handle the drug-abuse problem in this country. Clearly,

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Guilty Pleas Set for NIMH Grantee Accused of Fraud

Stephen E. Breuning, an internationally recognized psychologist accused of fabricating data on government-supported research projects, has agreed to plead guilty to two federal criminal charges of making false statements on grant applications, SGR has learned.

The case is a rare, if not unique, instance of federal prosecution of a university scientist for misuse of grant funds. It also vindicates a "whistleblower," Robert Sprague, of the University of Illinois, whose persistence eventually led the National Institute of Mental Health (NIMH) to conduct the investigation that exposed Breuning's fabrication of massive amounts of data.

Until his downfall last year, Breuning, formerly at the University of Pittsburgh, was a fast-rising, influential superstar of research, well known for numerous publications on tranquilizers for severely retarded institutionalized children. After long prodding by Sprague, a former research collaborator who initially detected Breuning's transgressions, NIMH undertook an investigation.

An expert panel appointed by NIMH concluded that Breuning had "repeatedly engaged in misleading and deceptive practices in reporting results of research . . . " and was responsible for "serious scientific misconduct" (SGR March 15, 1987).

NIMH, a paragon of bumbling and mean-spirited administration, was not pleased with Sprague embarrassing it into the messy business of investigating a grantee. Shortly after the expert panel reported, NIMH suddenly deferred renewal of the research support that it had provided Sprague without interruption for over 15 years (SGR April 1, 1987). Renewal had been strongly recommended by a study section, and ordinarily would have been routinely provided.

Breuning's attorney, Charles S. Lazar, of Rockville, Md., confirmed to SGR that his client will plead guilty to two counts of making false statements on his grant applications. Each count carries a maximum penalty of five years imprisonment and a $10,000 fine. In addition, the court may order restitution.

The University of Pittsburgh has repaid to NIMH $163,000 awarded to Breuning while he was on the faculty from 1981-84. A charge of obstructing the NIMH investigation was dropped.

After he left the University of Pittsburgh, Breuning became Director of Psychological Services at the Polk Center, near Pittsburgh, a state institution for the retarded. A staff member told SGR that Breuning left his position there when he was indicted last spring.

AIDS *(continued from page 5)*

that's not the only thing, but that's the major factor in defining the bounds. In the best of all possible scenarios, there would be a curtailment of the spread, by whatever uncontroversial or controversial mechanism—from providing clean needles through treating IV drug abusers. Superimpose that on what I hope for optimistically is an effective treatment for the asymptomatic carrier, so that you can prevent that person from going on to develop fullblown AIDS. There's a study that's now going on, sponsored by NIAID, the placebo-controlled asymptomatic study with AZT. Maybe it will be AZT, maybe it will be another drug, maybe alpha-interferon. If that shows some promise, then I think you're going to see the boundaries much more clearly delineated of the epidemic in this country. And hopefully, we'll be seeing that in the next few years.

SGR. *AIDS came as a surprise. There's no reason to assume others don't lie ahead.*

Fauci. Sure. And that's the reason why we infectious disease and immunology people always have said that it didn't end with penicillin, ladies and gentlemen. It's not going to end with AIDS. It just so happens that AIDS has had an enormous impact, because it's a disease that's transmitted by a behavioral component, and that's something that creates a lot of public fear and stirring. As for the possibility that other organisms are lurking in remote areas, I think that's the reason why we must maintain the highest level of basic science effort, so that we'll be ready for that, just the way we were ready for HIV when it came along.

I think the general public, particularly the constituents involved, cannot realize how incredible the advances in understanding AIDS have been in the last seven or eight years. Every time I say that, I get hooted from the people who are infected, because they say, "We don't want to hear about that." True. I understand, if I were in your shoes, I certainly wouldn't want to hear that. But I'm talking to you about where science is going and why we must continue to support basic biomedical research at a high level. Basic biomedical research is why we were able to hit the ground running with HIV, and it's going to be the reason why in the year 2020, if we get some horrible virus, we're going to be ready to take care of that.

Job Changes & Appointments

At the National Academy of Sciences: ***Allan R. Hoffman*** has been appointed Executive Director of the Office of Government and External Affairs. That's a newly created post that NAS says reflects an increase in Congressionally mandated assignments for the Academy, plus growing ties with state and local governments and private organizations. Hoffman will be succeeded as Director of the Committee on Science, Engineering, and Public Policy (COSEPUP) by ***Lawrence McCray,*** Associate Executive Director of the Commission on Physical Sciences, Mathematics, and Resources. Succeeding McCray at the Commission is ***Myron F. Uman,*** Associate Director of COSEPUP.

At its customarily leisurely pace, the White House is filling vacancies dating back to last May on the National Science Board, policymaking body of the National Science Foundation. The latest appointee is ***Arden L. Bement Jr.***, Vice President of Technical Resources, TRW, Inc., whose selection was announced August 11. He succeeds ***Robert F. Gilkeson,*** Philadelphia Electric Company. Two of the eight May expirees on the 24-member Board have not yet been replaced or reappointed. They are: ***Norman C. Rasmussen,*** MIT, and ***William A. Nierenberg,*** Scripps Institution of Oceanography.

Herbert W. Nickens has been appointed to a newly created position at the Association of American Medical Colleges: Vice President of the Division of Minority Health, Disease Prevention and Health Promotion. He formerly was Director of the Office of Minority Health at the US Department of Health and Human Services and previously was with the National Institute on Aging.

In Print *(continued from page 8)*

An OTA Survey [February 1988, GPO Stock No. 052-003-01093-3, 60 pp, $2.75]; ***The Impact of AIDS on the Kaiser Permanente Medical Care Program Northern California Region*** [July 1988, GPO Stock No. 052-003-01093-3, 45 pp., $2.25]).

Order OTA publications from: US Government Printing Office, Superintendent of Documents, Washington, DC 20402; tel. 202/783-3238. For foreign orders, add 25 percent to listed prices.

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From the National Academy of Engineering (NAE): ***Photonics: Maintaining Competitiveness in the Information Era*** (99 pp., $11.95), report by an NAE panel chaired by John R. Whinnery, UC Berkeley, with members from academe, industry, and government, warns that the US may botch golden commercial opportunities in this rapidly developing technology, now best known for fiber-optic applications. Echoing the growing sentiment that industrial firms must collaborate and government must do more for industry, the panel recommends establishment of "joint industry/university/national laboratory" research effort on photonics manufacturing and a government-supported "national photonics project "that no single company could do by itself . . ."

Order from: National Academy Press, National Academy of Sciences, 2101 Constitution Ave. NW, Washington, DC 20418; tel. 202/334-3313.

To the Editor

Your assertion that Mary Miers "has been reassigned to a new post" (SGR, August 15, "NIH Reassigns Fraud Office Head") is erroneous, and the error could have been avoided if you had checked with her current and former supervisors or with Ms. Miers herself. You would have learned that it was Ms. Miers' decision to seek a change, and that as her supervisor I advised her against applying for the "new post." She is regarded as a competent professional by her supervisors and her fellow workers, and we regret her decision to leave the Office of Intramural Research.

No public announcement was made of Ms. Miers' transfer . . . but this was not because NIH was hiding the action, as SGR implied by stating, "The reassignment was made without public announcement." The truth is that we do not make public announcement of any of the hundreds of such transfers . . . within NIH each year. Her departure from the Office of the Director was no secret. More than 100 of Ms. Miers' friends and co-workers . . . attended a farewell reception for her.

The simple fact is that she applied for and was successful in competing for a position as Chief of Legislation and Analysis in the National Institute of Neurological and Communicative Disorders and Stroke. It is their gain to have attracted someone of Ms. Miers' abilities, skills, and experience.

George J. Galasso
Associate Director, Extramural Affairs
National Institutes of Health

(Editor's Note: Ms. Miers' position as the NIH official responsible for investigating scientific misconduct became untenable following Congressional hearings at which the inept management of the function was painfully documented [SGR, April 15, "Fraud Inquiry: Harsh Treatment for NIH on Capitol Hill"]. The basic fault, of course, lies with the leaders of NIH, who long tolerated indifferent handling of misconduct cases until Congressional anger embarrassed them into a serious approach. Finally, some reassignments at NIH are publicly announced; others are not.)

In Print: A Variety of New Science-Policy Publications

The following publications are obtainable as indicated—not from SGR.

Engineering Research Centers: NSF Program Management and Industry Sponsorship (GAO/RCED-88-177, 80 pp., no charge), report by the General Accounting Office on the first dozen or so of the NSF-supported, campus-based engineering centers that have stirred money-diversion fears in NSF's oldtime clientele of solo researchers. GAO, the investigative arm of Congress, concluded that in making these hotly pursued awards, NSF has emphasized "research quality," with less attention to the trendy goals of "international competitiveness or engineering education." The industrial co-sponsors said they valued the centers mainly as recruiting grounds and for training their own personnel, and had only limited expectations of commercial or patentable developments. GAO doesn't say so, but its findings invite wonder about NSF's claims of economic relevance for the centers.

Order from: US General Accounting Office, PO Box 6015, Gaithersburg, Md. 20877; tel. 202/275-6241.

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From the Congressional Office of Technology Assessment (OTA):

Artificial Insemination: Practice in the United States (GPO Stock No. 052-003-0-1129-8, 112 pp. $5), warns that genetic counseling and screening for AIDS and other diseases are insufficiently employed in artificial insemination. OTA reports that 172,000 women underwent the procedure last year, with 65,000 births resulting, of which 30,000 were fathered by anonymous sperm donors; total cost: $150 million. (A related OTA study was issued in May: ***Infertility: Medical and Social Choices*** (GPO Stock No. 052-003-01090-7, 402 pp., $16).

Power On: New Tools for Teaching and Learning (GPO Stock No. 052-003-01125-5, 246 pp., $11), report for the House Education and Labor Committee, says computers and other "interactive technologies" can be valuable educational tools, but use so far has been limited. OTA reports that a major bottleneck is money for equipment and teacher training, and concludes that "The Federal Government must take principal responsibility for research, development, and demonstration in educational technology."

OECD Issues Statistics Collection

The Organization for Economic Cooperation and Development is offering without charge a densely packed, highly informative compilation of basic statistics on its 24 member nations: ***OECD in Figures: Statistics on the Member Countries—1988 Edition.*** The publication, 54 pages, includes data on research and development expenditures, educational spending and enrollments, patents, trade balances, demographics, and much more. OECD publications are available at OECD offices and booksellers in many major cities throughout the world. In the US: OECD Publications and Information Center, Suite 700, 2000 L St. NW, Washington, DC 20036-4095; tel. 202/785-6323.

Safe Skies for Tomorrow: Aviation Safety in a Competitive Environment (GPO Stock No. 052-003-01126-3, 184 pp., $8.50), cites many inadequacies to be corrected for improving air-traffic safety, but stresses that "longterm improvements . . . will come primarily from human-factors solutions, and that such solutions will be found through consistent, longterm support for R&D, analysis, and appications." The report adds that "Congress may wish to consider" directing the Federal Aviation Administration to put more emphasis on human-factors research, possibly by tapping into "expertise at NASA and other organizations to carry out fundamental work in this area . . ."

Medical Testing and Health Insurance (GPO Stock No. 052-003-01113-1, 209 pp, $9.50), warns that rapid development and increased use of medical tests for jobs and health-insurance screening poses problems of high error rates, dubious interpretations of test results, and more exclusions from health-insurance coverage. Among options listed by OTA: Stricter surveillance of testing proficiency and restrictions on purposes for which tests can be required. Another option: "Encourage the development of methods to provide insurance to high-risk individuals and those with catastrophic illnesses."

(Related OTA reports: ***AIDS and Health Insurance:***

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